

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

A-67984/RFT/TAL

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled BACULOVIRUS PRODUCED PLASMODIUM FALCIPARUM VACCINE, the specification of which

(check
one)

☐

is attached hereto.

☒

was filed on February 8, 2000 as
Application Serial No. 09/500,376
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Patent Office all information known to me to be material to patentability as defined in 37 C.F.R. 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

(Number)

(Country)

(Day/Month/Year Filed)

☐

Yes

☐

No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the Patent Office all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)

(Filing Date)

(Status)
(patented, pending, abandoned)

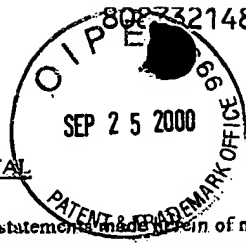
I hereby appoint the following attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Aldo J. Test, Reg. No. 18,048; Donald N. MacIntosh, Reg. No. 20,316; Edward S. Wright, Reg. No. 24,903; David J. Brezner, Reg. No. 24,774; Richard E. Backus, Reg. No. 22,701; James A. Sheridan, Reg. No. 25,435; Robert B. Chickering, Reg. No. 24,286; Richard F. Trecartin, Reg. No. 31,801; Steven F. Caserza, Reg. No. 29,780; Edward N. Bachand, Reg. No. 37,085; R. Michael Ananian, Reg. No. 38,050; Robin M. Silva, Reg. No. 38,304; David C. Ashby, Reg. No. 36,432; Michael A. Kaufman, Reg. No. 32,988; Maria S. Swiatek, Reg. No. 37,244; Dolly A. Vance, Reg. No. 39,054; provided that if any one of said attorneys ceases being affiliated with the law firm of Flehr Hohbach Test Albritton & Herbert LLP as partner, employee or of counsel, such attorney's appointment as attorney and all powers derived therefrom shall terminate on the date such attorney ceases being so affiliated.

Direct all telephone calls to TODD A. LORENZ 415-781-1989.

Address all correspondence to:

FLEHR HOHBACH TEST
ALBRITTON & HERBERT LLP
Suite 3400, Four Embarcadero Center
San Francisco, California 94111-4187

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

File No. A-67984/RFT/TAL

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or
first inventor:

Sandra P. Chang

Inventor's signature:

Sandra P. Chang

Date:

9-15-00

Residence:

358 Kahawalu Drive, Honolulu, HI 96817

Citizenship:

USA

Post Office Address:

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Full name of sole or
first inventor:

Kenton J. Kramer

Inventor's signature:

Kenton J. Kramer

Date:

9-15-00

Residence:

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Citizenship:

USA

Post Office Address:

44-672 Kahinani Place, #6, Kaneohe, HI 96744

Full name of sole or
first inventor:

William J. Gosnell

Inventor's signature:

William J. Gosnell

Date:

Sept 15, 2000

Residence:

6080-a Kooki Place, Honolulu, HI 96821

Citizenship:

USA

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Full name of sole or
first inventor:

Tani Nishimura

Inventor's signature:

Tani Nishimura

Date:

9/15/00

Residence:

1249 Kalaawaa Street, Honolulu, HI 96816-1711

Citizenship:

U.S.A.

Post Office Address:



Applicant: Sandra Chang et al.
Serial No.: 09/500,376

Atty Docket No. A-67984/RFT/TAL
Filed: February 8, 2000

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY
STATUS (37 CFR 1.9(f) and 1.27(d))**

I hereby declare that I am an official empowered to act on behalf of the non-profit organization identified below:

Name of Organization: University of Hawaii.
Address of Organization: Honolulu, HI

TYPE OF ORGANIZATION

- ☒ University or other Institution of Higher Education
☐ Tax exempt under Internal Revenue Service Code (26 USC 501(a) and 501(c)(3))
☐ Nonprofit scientific or educational under Statute of State of the U.S.A. (Name of State: _____)
(Citation of Statute _____)
☐ Would qualify as nonprofit scientific or educational under Statute of State of the U.S.A. if located in the U.S.A. (Name of State _____) (Citation of Statute _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) or (b) of Title 35, United States Code, with regard to the invention entitled **BACULOVIRUS PRODUCED PLASMODIUM FALCIPARUM VACCINE** by inventor **SANDRA P. CHANG, KENTON J. KRAMER, WILLIAM L. GOSNELL, TANI NISHIMURA**, described in the application filed February 8, 2000.

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention. If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention as listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(c) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

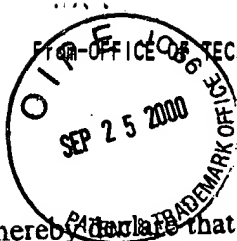
NAME: _____

ADDRESS: _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit

Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name/Title: Edward D.L. Yuen, Interim Deputy Executive Director

Address: University of Hawaii, 2800 Woodlawn Drive, Suite 280, Honolulu, Hawaii 96822

SIGNATURE

DATE

9/15/00

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